EXTENSION TO AGREEMENT

Attachme	nt #	
Page	01_	2

This Agreement is entered into this December.

This Agreement is entered into this Day of October, 2002, by and between Leon County, Florida, a political subdivision of the State of Florida, hereinafter "County," and Apalachee Center for Human Services, hereinafter "Apalachee".

WITNESSETH

For and in consideration of the mutual covenants, restrictions, and representations set forth herein, the sufficiency of which is hereby acknowledged, County and Apalachee do hereby agree as follows:

- 1. County and Apalachee entered into an Agreement dated May 30, 1997, between County and Apalachee, which allows for changes to be made to the Agreement with prior written agreement signed by the parties thereto, the parties hereby agree to extend the Agreement to September 30, 2003, with option to renew for another agreed upon period.
 - Apalachee agrees to submit a report to include demographic data and the number of clients served, clients denied admission and reason for denial and referral information on a quarterly basis and to submit invoices monthly.
- Apalachee agrees to comply with state statutes.
- Apalachee agrees to seek other funding from other local governing bodies per the statute.

This agreement shall become effective upon full execution hereof by both parties.

IN WITNESS WHEREOF, the parties evidence their agreement through the execution of this AGREEMENT by their duly authorized signatories.

Apalachee Center for Human Services

WITNESS: Thispia N. Telly

BY:

President

WITNESS:

DATE: Whater

(CORPORATE SEAL)

Extension to Agreement between Leon County, Florida and Apalachee Center for Human Service Page 2	S Attachment # 3
STATE OF FLORIDA COUNTY OF LEON	
The foregoing instrument was acknowledged before me this 1974 day of NOVEMBER, 200	<u>2</u> .
By ROWALD P. KIRKLAND, of APALACHEE CENTER (Name of officer or agent, title of officer or agent) (Name of corporation acknowledging	;)
a FLORIDA corporation, on behalf of the corporation. (State or place of incorporation)	
He/she is personally known to me or has produced	as
NEDRALEIGHOIEHM Signature of My comm. exp. Slate of Florida Print, Type or Stam. No. Com 20 Florida) <u>iekm - Wiegose</u> of Notary
Nolary Public, State of Florida Print, Type or Stam Comm. No. Constant Constant Constant Constant Constant Constant Constant Constant Constant Title or	p Name of Notary
Title or	Rank
Serial Nu	ımber, If Any
LEON COUNTY, FLORIDA	
BY: Tony Chairman Board of County Commissioners DATE: 12/16/02	
ATTEST: BOB INZER, CLERK OF THE COURT LEON COUNTY, FLORIDA	

Herbert W.A. Thiele, Esq. County Attorney

15.